DMR Copy of Record											
Permit											
Permit #:			Permittee:		Fa	cility:					
Major:	Yes No		Permittee Address:	Attn:	Fa	cility Location	d.			Attn:	
				,						,	
Permitted Feature:		· 	Discharge:	_	•						
		ı ı	Discharge.								
Report Dates & Status Monitoring Period:	From //- From // to To //- //	ı	DMR Due Date:	//-//	l _{s+}	atus:					
•	7101177-7101177 to 1077-77	ļ	DHR Due Date.	77-77	130	itus.					
Considerations for Form Completion											
Principal Executive Officer											
First Name:		ı	Title:		Ιτe	lephone:					
Last Name:			nice.		110	iepiione.					
No Data Indicator (NODI)		ļ									
Form NODI:											
Tomi Nobi.	Parameter		Monitoring Season Param.	Quantity or Loading		Quality or	Concer	tration	#	Frequency Samp	
	Code		Name Location # NODI	Qualifier Value Qualifier Value	Units Qualif 1	ier Value Qualifie			Value Units Of		
	or:#FCEFF0; Permit Req. or:#FCEFF0; Value NODI	Parameter pde rovided is correct.			Name	Monitoring	Field	Туре	Description	Acknowledge	
No errors.											
Comments											
Attachments											
Na	Name			Туре			Size				
No attachments. Report Last Saved By											
Report Last Saveu by											
User:											
Name:											
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Date/Time:		(Time Zone:)									
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E-Mail:											
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